

AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st ASSIGNMENT		AFTER 2nd ASSIGNMENT			NO.	DEF.	NO.	DEF.	NO.	DEF.
	NO.	DEF.	NO.	DEF.	NO.	DEF.							
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
6							66						
7							67						
8							68						
9							69						
10							60						
11							61						
12							62						
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40							91						
41							92						
42							93						
43							94						
44							95						
45							96						
46							96						
46							97						
47							98						
48							99						
49							100						
50													
TOTAL	4						TOTAL						
TOTAL	17						TOTAL						
TOTAL	21						TOTAL						